Part III – Legal and Driving Records

Before proceeding, please gather the following information:

- 1. Criminal History
- 2. Traffic Citation History
- 3. Accident Reports

Instructions: Please complete the following form, print when completed, and sign the document. Your computer must be connected to a printer.

If you do not have access to a computer with a printer, please contact Eric Hildebrandt by email or by calling 605.773.3169.

SOUTH DAKOTA DIVISION OF CRIMINAL INVESTIGATION SPECIAL AGENT I - PERSONAL DATA QUESTIONNAIRE - Part III of IV Legal and Driving Records

INSTRUCTIONS

Please fill out this questionnaire completely and accurately. All statements in this questionnaire are subject to verification and may be used in polygraph testing. If more space is needed, add another page and identify additional information by question and page number. Please complete online or print in black ink.

Full	Name:					
		First	Middle	Last		
Ema	ail address:					
Soci	ial Security No:					
Hom	ne Telephone:		Work Telepho	ne:		
			l	LEGAL		
and	seriousness of the	e incident, the fr			qualify you. The employer will consider the ty ncident, the time elapsed since the incident,	pe
1.	Yes		u ever been arrested for, co an adult or as a juvenile (e		ty, no contest, or nolo contendre to any ns)?	
	If "YES", please s	supply the follow	•			
a.	Type of Crime		Approximate Date	City/State	Law Enforcement Agency	
	Circumstances	3:				
b.	Type of Crime		Approximate Date	e City/State	Law Enforcement Agency	
•	Circumstances	s:				
C.	Type of Crime		Approximate Date	e City/State	Law Enforcement Agency	
•	Circumstances	::				
2.	Yes If "YES," please	INO	u ever been placed on cou			

Yes No Have you ever be	en repor	rted to a law en	forcement agency as a r	missing person or a runaway?
If "YES," please give details (include da	te, law er	nforcement age	ency, circumstances):	
4. Yes No Are you now or h If "YES," please give details (include wi				endant in any civil court action? sumstances):
5. Yes No Have you ever If "YES," please provide the following in Permit granted: YES NO		•	carry a concealed weapo	n?
Name of law enforcement agency:			City:	State:
Purpose:				
6. Have you ever been:	YES	NO		
Placed in a police lineup?				
Placed on parole?				
Placed in a jail?				
Placed in a holding cell?				
Placed in a juvenile correctional facility?				

If "YES" to any of the above, please explain (include date and law enforcement agency):

7. Have you ever committed, contributed to or participated in any of the following crimes or offenses?

The question applies even though you may not have been arrested, convicted, caught, or apprehended.

	YES	NO
Murder		
Manslaughter		
Aggravated assault		
Battery		
Kidnapping		
Domestic abuse		
Child abuse		
Rape		
Statutory Rape		
Child molestation		
Sexual contact with a Minor		
Child pornography		
Sexual Exploitation of children		
Public indecency		
Prostitution		
Pimping		
Incest		
Burglary		
Criminal damage to property		
Vandalism		
Arson		
Criminal possession of explosives		
Vandalism		
Arson		
Criminal possession of explosives		
Illegal possession of firearms		
Illegal possession of sawed-off shotgun, machine gun, or silencer		
Theft		
Theft of motor vehicle, part,components		
Receiving stolen property		
Hit & run		
Shoplifting		
Armed robbery		
Forgery		
Credit card fraud		
Accessing computers for illegal purposes		
Bribery		
Impersonation of public officer or employee		

Obstruction of law enforcement officer		
Giving false information to law enforcement officer		
False report of a crime		
False report of a fire		
Escape		
Perjury		
Tampering with evidence		
Treason		
Advocating overthrow of government		
Riot		
Terrorist threats and acts		
Peeping Tom		
Unlawful eavesdropping		
Illegal gambling		
Illegal possession, trafficking, manufacture, distribution etc., of illegal drugs or marijuana		
Illegal use of a legal drug		
Intentional inhalation of intoxicants		
Driving on revoked driver's license	_	

If you answered "YES" to any of the above, please explain:

8.	Н	a٧	e	y١	ou	ev	er	:
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Stolen money or anything of value from an employer?

Stolen any property from a fellow employee?

Deliberately short-changed a customer?

Deliberately destroyed any property of an employer?

YES	NO

If "YES" to any of these questions, please explain (include dates and name of employer):

DRIVING RE	CORD	
Yes No Do you have a current driver's license?		
2. State: Classification: Drivers License	Number:	
Please list all traffic citations (including driving under the influence a violations):	nd driving while intoxicated) you h	nave received (except parking
Location (City/State) Approximate Date	<i>Violation</i>	Disposition
4. Yes No Have you ever possessed a driver's license If "YES", please explain (include state, type of license, and dates:	s issued by any state other than So	outh Dakota?
5. Yes No Have you ever obtained a driver's license under "YES", please explain.	nder another name?	
6. Yes No Has your driver's license ever been suspen If "YES", please explain.	ided or revoked?	
7. Yes No Have you ever been refused a driver's licer If "YES," please give details and the state.	ise by any state?	
8. Yes No Do you presently have or can you obtain at	utomobile insurance?	
9. Yes No Have you ever been refused insurance for If "YES", please explain (include company name, address, date, an		ay a premium?

10. Yes	No Have you been involved as driver in a motor vehicle accident within the last 5 years? If "YES," please give details for each accident:
Accident Date: Location:	
Injury	Non-Injury Police Investigation: Yes No
Police Agency: Explanation:	
Accident Date:	
Injury	Non-Injury Police Investigation: Yes No
Police Agency: Explanation:	
Accident Date: Location:	
Injury	Non-Injury Police Investigation: Yes No
Police Agency: Explanation:	
Accident Date: Location:	
Injury	Non-Injury Police Investigation: Yes No
Police Agency:	
Explanation:	

		DRUGS			
1.	Ye	s NO Have you ever used, possessed, purchased, sold, distributed, trafficked, n drugs or illegally used legal drugs?	nanufact	tured o	r grown illegal
		please explain fully (include type of drug, dates, quantity, and whether you used or possed, trafficked, manufactured or grew illegal drugs or illegally used legal drugs.	essed, p	ourchas	ed, sold,
2.	Ye If "YES,"	s No Have you ever owned or possessed any type of drug paraphernalia? please explain:			
3.	If "YES,"	s No Have you ever illegally used anyone else's drug prescription? please explain:			
4.	If "YES,"	s No Have you ever let anyone else use your drug prescription? please explain:			
5.	If "YES,"	s No Have you ever forged, illegally bought, sold or stolen a drug prescription? please explain:			
		PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY			
ı					
ıı yc	ou were e	ver employed by a criminal justice or law enforcement agency, please answer the following	ig quesi	lions.	
			YES	NO	
	1.	Have you ever accepted a payoff?			
	2.	Have you ever stolen anything from anyone you arrested?			
	3.	Have you ever stolen anything at the scene of a burglary?			
	4.	Have you ever kept the property of someone you arrested?			
	5.	Have you ever carried a "throw down" weapon?			
	6.	Have you ever unlawfully entered a business?			
	7.	Have you ever stolen anything from a car that was, at your direction, towed in?			
	8.	Have you ever falsified an expense voucher?			
	9.	Have you ever received any type of gratuity for dropping a case or disposing of an arrest ticket?			

Have you ever tampered with evidence?

Have you ever kept for personal use or for resale, any illegal drugs taken from

Have you ever illegally destroyed a case file, computer record or official report?

someone who had been arrested, detained or questioned?

10.

11.

12.

13.	Have you illegally retained seized weapons or property?	
14.	Have you ever intentionally falsified a case file, computer entry or official report?	
15.	Have you ever planted evidence?	
16.	Were you ever suspended from your job?	
17.	Have you ever "tipped off" a friend, acquaintance or relative about an active investigation involving them?	
18.	Have you ever "covered up" a criminal offense for a friend or relative?	
19.	While employed in criminal justice work, have you used or sold marijuana, cocaine or other illegal drugs?	
20.	Have you ever stolen anything from a crime scene?	
21.	While being in criminal justice work, have you ever violated your oath of office?	
22.	Have you ever been a party to a lawsuit as a result of your actions in the performance of your job?	

If you answered "YES" to any of the these questions, please explain (include dates and name of agency).

- Please print this questionnaire, sign, and mail to: PMB 0141-1, Bureau of Personnel, 500 E Capitol Ave, Pierre, SD 57501 or fax to BOP at 605.773.4344 before December 6, 2011.
- If you have any questions, contact Eric Hildebrandt at the Bureau of Personnel at 605.773.3169 or via email.

ATTENTION - THIS STATEMENT MUST BE SIGNED
I understand that making a false or misleading statement or omitting relevant information during the application and selection process may be the basis for removal from the selection process, dismissafrom employment, or other disciplinary action after I am hired. Final candidates will be subject to appointment.
I further understand that any employment tendered me will be contingent upon the results of a pre employment screening and fitness examination.
I am aware that willfully withholding information or making false statements on this application can be the basis for removal from employment with the State of South Dakota.
I agree to these conditions and I hereby certify that my responses on this application are true and complete, to the best of my knowledge.
Signature of Applicant Date